

Substitute for form 1449A/B/PTO				Complete if Known	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>				Application Number	10/579,146
Sheet	1	of	2	Filing Date	May 12, 2006
				First Named Inventor	Michael Mahoney
				Art Unit	3733
				Examiner Name	Not Yet Assigned
				Attorney Docket Number	101896-0474

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Examiner Initials*	Cite No. ¹	Document Number Number-Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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Examiner Initials*	Cite No. ¹	Foreign Patent Document Country Code ² -Number ⁴ -Kind Code ⁵ (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		EP 0860152 B1	08/26/1998	Signus Medizintechnik GMBH	T ⁶
Examiner Signature			Date Considered		Eng. Abst

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